Urothelial tumors of the upper & lower urinary tracts MCQ Question Answer

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Question: 1. Which of the following is a risk factor for developing upper urinary tract tumors?

Option A. obesity
Option B. consuming artificial sweeteners
Option C. asbestosis
Option D. analgesic abuse

Question: 2. Common benign urethral tumors include all of the following, EXCEPT:

Option A. leiomyoma
Option B. hemangioma
Option C. fibroepithelial polyp
Option D. lymphangioma

Question: 3. Which of the following cystoscopic descriptions of bladder tumors is false?

Option A. nodular or sessile lesions usually invade muscle
Option B. papillary bladder tumors are typical of low stage and grade
Option C. carcinoma in situ appears as a flat, velvety patch
Option D. sarcomas commonly invade bladder base and ureteral orifices causing obstructions

Question: 4. Bladder tumors with hydronephrosis are:

Option A. often of high-grade sarcomas
Option B. often associated with muscularis propria invasion
Option C. due to vesical polyps occluding ureteric orifices
Option D. should be resected but not diathermized

Question: 5. What is false concerning upper tract urothelial tumors?

Option A. rarely diagnosed at autopsy
Option B. the peak incidence occurs between ages 70 and 80
Option C. they occur twice as frequently in men as in women
Option D. none of the above

Question: 6. Regarding bladder neoplasia, squamous metaplasia differs from squamous dysplasia as the latter is/has:

Option A. well-differentiated tumor with broad-based invasive font
Option B. marked atypia distributed on wide areas of superficial urothelium
Option C. atypia is present
Option D. no atypia but marked degenerative epithelial changes

Question: 7. Bladder cancer patients who once failed BCG vaccine, should:

Option A. undergo cystectomy
Option B. try mitomycin c
Option C. take a second course of BCG
Option D. take a second course of BCG + quinolones

Question: 8. Concerning upper tract urothelial tumors, what is the single most important predictor of outcome?

Option A. tumor stage
Option B. tumor grade
Option C. lymphovascular invasion
Option D. lymph node spread

Question: 9. Which of the following statements concerning lymphatic drainage of the male urethra is true?

Option A. the anterior urethra drains into the inguinal and pelvic nodes
Option B. the posterior urethra drains into the pelvic nodes
Option C. the proximal two-thirds drain into the external and internal iliac nodes
Option D. the distal one-third drains into the obturator nodes

Question: 10. Partial penectomy for urethral cancer is indicated in:

Option A. infiltrative proximal penile urethral carcinomas
Option B. infiltrative distal penile urethral carcinomas
Option C. recurrent proximal penile urethral carcinoma after laser resection
Option D. T3/N2/M0 at bulbar urethra

Question: 11. The treatment of nonmuscle-invasive bladder cancer begins with:

Option A. single intravesical chemotherapy
Option B. TURBT
Option C. intravesical BCG vaccine
Option D. multiple bladder biopsies

Question: 12. What is the most common sarcoma of the bladder?

Option A. leiomyosarcoma
Option B. rhabdosarcoma
Option C. carcinosarcoma
Option D. neurosarcoma

Question: 13. The treatment of T2/Nx/M0 prostatic urethral cancer is:

Option A. en bloc resection involving total penectomy, cystoprostatectomy, resection of the pubic rami and urogenital diaphragm, with pelvic lymphadenectomy. In addition, creating a urinary diversion.

Option B. total penectomy involving removal of the penis, urethra, and penile root
Option C. partial penectomy involving excision of the malignant lesion with 2-cm margins
Option D. transurethral resection or fulguration

Question: 14. What is the ideal vesical tumor patient for bladder preservation?

Option A. patients with carcinoma in situ
Option B. patients with completely resected solitary tumor
Option C. patients with preserved kidney and liver functions after 2 courses of BCG
Option D. patients with leiomyosarcoma

Question: 15. What is false concerning carcinoma-in-situ (CIS) of urinary tract?

Option A. frequently found in association with high-grade or extensive TCC
Option B. has a rate of progression to muscle invasion of 10-25%
Option C. significant areas of CIS are easily missed by routine cystoscopy
Option D. treatment begins with TURBT

Question: 16. In what percentages do upper tract urothelial tumors develop in patients with a bladder urothelial cancer?

Option A. 2 - 4%
Option B. 4 - 6%
Option C. 6 - 8%
Option D. 8 - 10%

Question: 17. Partial cystectomy for bladder tumors can be performed when the following criterion(a) is(are) met:

Option A. the lesion is solitary and no associated CIS
Option B. physically, a surgical margin of 2-cm can be obtained
Option C. the resected area should be far enough from ureteral orifices and the bladder neck
Option D. all of the following

Question: 18. Regarding ureteral cancers, what is the commonest part of tumor development?

Option A. upper ureter
Option B. middle ureter
Option C. lower ureter
Option D. comparable

Question: 19. On diagnosing bladder cancers, what advantage does urine cytology has over tumor markers?

Option A. high specificity
Option B. high sensitivity
Option C. high reliability
Option D. strong validity

Question: 20. What is (are) the classic presentation(s) of bladder cancers?

Option A. irritative bladder symptoms
Option B. obstructive bladder symptoms
Option C. palpable suprapubic mass on physical examination
Option D. painless profuse hematuria

Question: 21. Intravesical installation of BCG should NOT be given soon after bladder tumor resection (TURBT) because:

Option A. there will be no target tumor tissue to work on
Option B. post-op. hematuria interacts unfavorably with BCG composition
Option C. of the risk of systemic absorption and sepsis
Option D. of the high risk of BCG reflux to kidneys while bladder irrigation

Question: 22. During women`s life span, what percentage of women will develop keratinizing squamous metaplasia of the bladder?

Option A. 10%
Option B. 20%
Option C. 30%
Option D. 40%

Question: 23. The treatment of muscle-invasive bladder cancer in men includes all of the following, EXCEPT:

Option A. radical cysto-prostatectomy
Option B. anterior pelvic exenteration
Option C. bilateral pelvic lymphadenectomy
Option D. creation of a urinary diversion

Question: 24. The most significant prognostic factors for survival in female urethral cancers are:

Option A. sensitivity to chemotherapy and age at presentation
Option B. anatomic location and extent of the tumor
Option C. histologic type of the tumor and sensitivity to radiotherapy
Option D. tumors stage and grade

Question: 25. What gene mutation is common in carcinoma-in-situ of urinary bladder?

Option A. RB
Option B. cyclin A
Option C. HRAS
Option D. CD-44

Question: 26. What percentage of bladder cancers is squamous cell type in origin?

Option A. 2%
Option B. 5%

Option C. 70%

Option D. 90%

Question: 27. Risk factors for recurrence and progression of bladder cancers include the following:

Option A. multifocality

Option B. high tumor grade and advanced stage

Option C. presence of CIS

Option D. all of the above

Question: 28. What is the most effective adjuvant intravesical therapy for bladder tumors?

Option A. cisplatin

Option B. BCG

Option C. mitomycin C

Option D. 5-fluorouracil

Question: 29. What is false regarding squamous metaplasia of the urinary bladder (non-keratinized) subtype?

Option A. only in females

Option B. associated with chronic irritation, polypoid cystitis, and cystitis glandularis

Option C. no risk for squamous cell carcinoma

Option D. treated with estrogen, if symptomatic

Question: 30. In what percentages of patients do bilateral upper tract tumors occur either synchronously or metachronously?

Option A. 0.6 - 2%

Option B. 2 - 6%

Option C. 6 - 10%

Option D. 12 - 16%

Answer Sheet

1	D	analgesic abuse especially phenacetin.
2	D	self-explanatory.
3	D	sarcomas typically appear as a raised bladder wall.
4	B	hydronephrosis in bladder cancers often associated with muscularis propria invasion, and not due to tumor mass blocking the orifice.
5	D	all the indicated statements are true, and none is false.
6	C	a. describes verrucous carcinoma, while b. describes carcinoma in situ. D. describes radiation atypia.
7	C	for patients who have failed BCG, a second course results in 30% to 50% response rate. Quinolones should not be given with BCG.

8	A	self-explanatory.
9	B	self-explanatory.
10	B	it involves excision of the malignant lesion with 2. (c)m margins, indicated for infiltrative, distal penile urethral cancers.
11	B	TURBT.
12	A	self-explanatory.
13	A	T2 - tumors invade corpus spongiosum, prostate, or periurethral muscle and should be treated by en block resection.
14	B	carefully, a bladder with solitary and completely resected tumor can be saved.
15	B	the progression rate to muscle invasion is 50-75%.
16	A	Upper tract tumors develop in 2% to 4% of patients with bladder cancer. Whereas, patients with upper tract tumors develop bladder cancers in 30% of cases.
17	D	self-explanatory.
18	C	approximately 70% of ureteral tumors occur in the lower ureter, 25% in the midureter, and 5% in the upper ureter.
19	A	tumor markers such as BTA stat, NMP-22 are highly sensitive in detecting bladder tumors, while urine cytology is more specific.
20	D	approximately 80-90% of patients present with painless gross hematuria.
21	C	resected areas of bladder wall provide raw areas readily for BCG systemic absorption.
22	D	approximately 40% of women and 5% of men have keratinized squamous metaplasia of the bladder.
23	B	anterior pelvic exenteration is for female patients.
24	B	self-explanatory.
25	A	the genetic abnormalities in CIS are RB, TP53, and PTEN genes.
26	B	90% of bladder cancers are of urothelial origin, 5% squamous cell, and less than 2% adenocarcinoma or other variants.
27	D	self-explanatory.
28	C	mitomycin C is the most effective adjuvant intravesical therapy and should be administered within 6 hours of tumor resection unless bladder perforation is noted.
29	B	non-keratinized subtype is not associated with chronic irritation, polypoid cystitis, and cystitis glandularis.
30	B	self-explanatory.